

*Philippe Huneman, Gérard Lambert and  
Marc Silberstein (eds.)* Classification,  
Disease and Evidence: New Essays in the  
Philosophy of Medicine

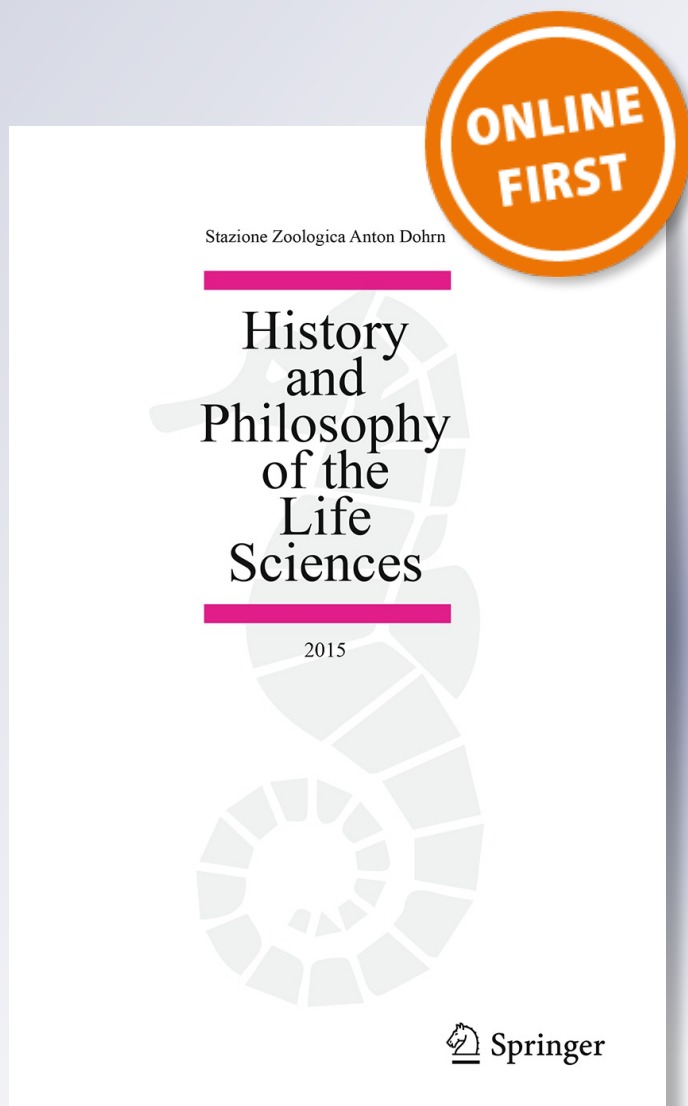
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**PHILIPPE HUNEMAN, GÉRARD LAMBERT and MARC SILBERSTEIN (eds.)** *Classification, Disease and Evidence: New Essays in the Philosophy of Medicine*

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The philosophy of medicine is a young yet burgeoning field within philosophy of science and like nearly all areas of philosophy this one too has generated canonical texts, reactions, stalemates and progress. The volume, *Classification, Disease and Evidence*, greatly contributes to this field, comprising essays covering a wide array of topics and questions, all of which are grounded in recent empirical and philosophical research. The editors' introduction nicely recapitulates some of the key areas within the philosophy of medicine and distinguishes it from broader historical reflections on medicine, what could be called "medical philosophy" (p. 7), such as can be found in Epicurus, Descartes or Wittgenstein. The philosophy of medicine is generally organized around three main sets of questions: the nature of health and disease, the relation between medicine and the life sciences, and the role of statistical methods, all of which are addressed in this volume's contributions. While ethical issues are also addressed, the general area of 'bioethics' is largely set aside, reflecting certain divisions within the history of philosophical reflections on medicine.

The first four essays approach the issue of conceptualizing health and disease, either within medicine more generally or psychiatry more specifically, and do so in rather novel ways. While there are some who explore the philosophical implications of pitting subjective first-person descriptions of illness against objective third-person descriptions of disease, Cunningham's essay convincingly argues that the dualisms such as art versus science or subjective versus objective are based on antiquated theories of science and objectivity and are even harmful as they hinder a scientific investigation of vital aspects of medical practice, of exploring the "science

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of the art of medicine” (p. 13). This emphasis on renewing the discussion over empirical approaches to medical questions is also taken up in Lemoine’s insightful essay, which seeks to move beyond traditional conceptual analyses of disease to a project of the *naturalization* of disease. To do so involves a series of shifts, such as moving from disease judgment to disease explanation or from nosology to pathophysiology; from deducing whether something is a disease based on its meeting necessary and sufficient conditions to an inductive approach starting from empirical properties of biological systems that can provide a causal or explanatory theory, such as can be seen in network medicine and systems biology. An interesting, though controversial, aspect of such an approach is that it does not take any given classification for granted, which implies that what is typically considered a ‘healthy’ state, such as pregnancy, ageing, or even menstruation, may need to be reconsidered as ‘diseased’ if naturalization is successful. The next two essays focus more specifically on psychiatry. On one level, Murphy argues that with a more nuanced account of the ‘medical model’ of mental illness we can see how different (and ultimately irreducible) levels of causal explanations, from the biological and the psychological to the social or environmental, can be appealed to without leading to reductionism. Demazeux takes this issue a bit further, arguing that the main attempts to find some objective basis for psychiatric categories by appealing to biological functions, and thereby respond to the challenges raised by anti-psychiatry, have failed either to objectively distinguish the normal and the pathological (Boorse) or to prevent the justification of nearly any diagnosis due to the vagueness of the theory (Wakefield). This first section, then, forces us to reconsider the very method of conceptual analysis as a means to understand health and disease, and also whether we should be looking for something other than functions to help demarcate these two realms.

The next three essays are gathered around the issue of classification, though their focus is more on questions concerning the different kinds of explanation in biomedicine. Méthot and Alizon’s empirically-driven essay demonstrates that there are two styles of scientific reasoning when it comes to answering the question of why parasites harm their host: one molecular, the other ecological. They nicely illustrate both the need for and difficulty of integrating these two approaches so as to understand specific cases, such as the 1918–1919 influenza pandemic, but also competing explanations in the life sciences more generally, an issue Méthot has also explored in terms of Darwinian and evolutionary medicine. From here, the essays turn to explanations in psychiatry and biomedical genetics. Like Demazeux, Singy also argues that the DSM, and by extension Wakefield’s approach, has failed to provide a convincing objective description of mental disorders, and Singy then draws out some interesting practical implications concerning the use of the DSM in courtrooms. Since only incapacity is what matters for legal determinations, and since even the DSM claims that the presence of a disorder does not imply an incapacity, then the DSM should be taken out of the courtroom, even if objective definitions of psychiatric disorders were possible. While an interesting question to raise would be whether defining disease or illness precisely in terms of incapacities would challenge this practical divide, Singy’s text remains extremely topical due to the recent publication of the DSM-5. The final essay in this section is an attempt to

clarify what we mean by ‘genetic disease’ by looking at how genes are experimentally determined to be causally linked to disease phenotypes. Dekeuwer suggests, though does not fully explicate, that three different types of genetic causality are important to understand the concept of genetic disease, an approach that could benefit from other philosophical research on genetic theories of disease.

The final three essays explore the area of evidence, looking at different kinds of medical reasoning and assessment, from diagnosis and epidemiological risk factors to quality assessment tools. This is the most challenging of the sections, both since the essays tackle increasingly specialized topics, and due to the somewhat abstract level of analysis. After distinguishing different forms of diagnostic reasoning (probabilistic, causal, and pathophysiological), which together comprise the “art of recognizing diseases” (p. 166), Coste shows how certain tensions between these approaches are rooted in older medical discussions which run up to the present day in concerns over the efficacy of evidence-based medicine. Possibly her more interesting contribution is in showing how these commonly used diagnostic forms are limited due to the fact that many diseases have either unknown or poorly understood causes and/or mechanisms. Giroux takes up the issue of causal explanations within epidemiology, showing that there is often a tension between probabilistic and mechanistic accounts of how risk factors are said to be causally linked to a given disease. She ultimately argues for an irreducible complementarity between these two approaches, such that while statistics show *that* a causal relation exists, mechanisms are needed to explain *how* the cause relates to the effect. The final essay by Stegnenga explores the rather difficult terrain of developing tools to evaluate medical evidence, such as what kind of knowledge is produced by randomized controlled trials. He argues that even though quality assessment tools show low inter-rater reliability and low inter-tool reliability they are still the best tools we have to carry out such assessments.

Ultimately, this volume challenges and reframes many traditional problems within philosophy of medicine and provides new areas for future research. It will also help to show not only that the philosophy of medicine in general and the philosophy of psychiatry in particular are far from being insular or esoteric fields, but have much to contribute to debates within philosophy of science and even to public discourse.